



2817

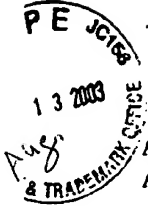
TECHNOLOGY CENTER 2800

RECEIVED

| TRANSMITTAL FORM | | Application Number | 09/928,431 |
|---|---------------------------|--|--|
| | | Filing Date | 4/9/01 |
| | | First Named Inventor | CORNETT, KENNETH D. |
| | | Group Art Unit | 2817 |
| | | Examiner Name | SUMMONS, BARBARA |
| Total Number of Pages in this Submission | | Attorney Docket No. | CM03351J |
| ENCLOSURES (check all that apply) | | | |
| <input checked="" type="checkbox"/> Fee Transmittal Form | | <input type="checkbox"/> Assignment Papers (for an Application) | <input type="checkbox"/> After Allowance |
| <input type="checkbox"/> Fee Attached | | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Communication to Group |
| <input checked="" type="checkbox"/> Amendment/Reply | | <input type="checkbox"/> Licensing-Related papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> After Final | | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> Affidavits/Declaration(s) | | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Extension of time Request | | <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address | <input type="checkbox"/> Status Letter with appropriate copies |
| <input type="checkbox"/> Express Abandonment Request | | <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Other Enclosure(s) (please identify below) |
| <input type="checkbox"/> Information Disclosure Statement | | <input type="checkbox"/> Request for Refund | <input type="checkbox"/> Response to Restriction Requirement |
| <input type="checkbox"/> Certified Copy of Priority Documents | | <input type="checkbox"/> CD, Number of CDs | <input type="checkbox"/> Associate Power of Attorney |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | | Remarks | <input type="checkbox"/> RCE |
| <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53 | | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
| Firm or Individual | Barbara R. Doutre | Registration No. | 39,505 |
| Signature | | | |
| Date | | | |
| CERTIFICATE OF MAILING | | | |
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231, or Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date listed below: | | | |
| Typed or printed name | Linda Christi Sumaridason | | |
| Signature | | | Date |
| | | | 8/11/03 |



| FEE TRANSMITTAL for FY 2003 | | Complete if Known | |
|---|--|---|---------------------|
| Patent fees are subject to annual revision | | Application No. | 09/928,431 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Filing Date | 4/9/01 |
| TOTAL AMOUNT OF PAYMENT (\$) | | First Named Inventor | CORNETT, KENNETH D. |
| | | Examiner Name | SUMMONS, BARBARA |
| | | Group Art Unit | 2817 |
| | | Attorney Docket No. | CM03351J |
| METHOD OF PAYMENT (check all that apply) | | FEE CALCULATION (continued) | |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None | | 3. ADDITIONAL FEES | |
| <input checked="" type="checkbox"/> Deposit Account | | Large Entity Small Entity | |
| Deposit Account Number: 50-2117 | | Fee Fee Fee Fee | |
| Deposit Account Name: Motorola, Inc. | | Code (\$) Code (\$) | |
| The Commissioner is hereby authorized to: (check all that apply) | | Fee Description | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayment | | | |
| <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application | | | |
| <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. | | | |
| FEE CALCULATION | | | |
| 1. BASIC FILING FEE | | | |
| Large Entity Small Entity | | | |
| Fee Fee Fee Fee Fee Description Fee Paid | | | |
| Code \$ Code \$ | | | |
| 1001 750 2001 370 Utility filing fee | | | |
| 1006 750 2006 370 Utility filing fee CPA | | | |
| 1002 330 2002 165 Design filing fee | | | |
| 1007 330 2007 165 Design filing fee CPA | | | |
| 1003 510 2003 255 Plant filing fee | | | |
| 1004 750 2004 370 Reissue filing fee | | | |
| 1005 160 2005 80 Provisional filing fee | | | |
| SUBTOTAL (1) (\$) | | | |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE | | | |
| Total Claims 18 -68* = x 18 = Fee Paid | | | |
| Independent 4 -6* = x 84 = Fee Paid | | | |
| Multiple Dependent 280 = Fee Paid | | | |
| Large Entity Small Entity | | | |
| Fee Fee Fee Fee Fee Description | | | |
| Code \$ Code \$ | | | |
| 1202 18 2202 9 Claims in excess of 20 | | | |
| 1201 84 2201 42 Independent claims in excess of 3 | | | |
| 1203 280 2203 140 Multiple dependent claim, if not paid | | | |
| 1204 84 2204 42 **Reissue independent claims over original patent | | | |
| 1205 18 2205 9 **Reissue claims in excess of 20 and over original patent | | | |
| SUBTOTAL (2) (\$) | | | |
| *or number previously paid, if greater. For Reissues, see above | | | |
| SUBMITTED BY | | Complete (if applicable) | |
| Name (Print): Barbara R. Doute | | Registration No. (Attorney/Agent): 39,505 | |
| Signature: | | Telephone: (954) 723-6449 | |
| | | Date: 8/11/03 | |



UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S) CORNETT, KENNETH D. GROUP ART UNIT: 2817
 APPLN. NO.: ~~09/928,431~~ 09/828,431 EXAMINER: SUMMONS, BARBARA
 FILED: 4/9/01 Confirmation No. 6168
 TITLE: MEMS RESONATORS AND METHOD FOR MANUFACTURING MEMS RESONATORS

Certificate of Mailing

Date of deposit: 8/11/03

I hereby certify that this paper is being deposited with the United States Postal Service on the date indicated above, as first-class mail, with sufficient postage attached thereto, in an envelope addressed to Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Signature of Person Mailing Paper

Linda Christi Sumner-Klauson

Printed Name of Person Mailing Paper

RESPONSE

Mail Stop Non-Fee Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Responsive to the Office Action dated 5/15/03, Paper No. 6, and Examiner's comments with regard thereto, please enter the following amendments in the above-entitled application, without prejudice or disclaimer.

AMENDMENTS TO THE CLAIMS:

15. (currently amended) An electromechanical resonating device comprising:
- a first support member; and
 - a selectively doped vibrating member that is capable of resonating in a vibrational mode that has a first node and is attached to the first support at a position of the first node, the selectively doped vibrating member including:
 - a first doped conducting region extending from the first support; and
 - an insulating region;